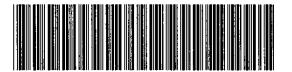
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SECRETARY OF STATE

SECRETARY OF STATE
DIVISION OF CORPORATION

JUN 3 0 2015

S MASON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: NOW AMERICAN ULL
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
VALENDINA NAUNEUKO
Name of Person Name of Person LLC
3107 OPCHORA PC
Address
4551MRD 34743
City/State and Zip Code
INFO(a) HILBREALTY. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VAlendres Navercento = 4127, 494-6018
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW ANERICAL LL	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on////////////////////////////////	SECRET SECRET
This amendment is submitted to amend the following:	F COR
A. If amending name, enter the new name of the limited liability company here:	F STATE
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, entoregistered agent and/or the new registered office address here:	er the name of the new
Name of New Registered Agent:	
New Registered Office Address: 1/30 E. Dowejon by C. Enter Florida street address	5k 3
KSSIMNEE Florida	34144 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Name <u>Address</u> Type of Action VAlendrus Namerlo 1130 E. Dangen Dre - Add

KISSIMMER 34744 - Rem □ Remove ☐ Change Steen Towner ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add JUN Onenge ☐ Change

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Filing Fee: \$25.00